2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

DOCUMENT # P01000061356 1. Entity Name R.C.S. EMPLOYMENT SERVICES, INC.							()4-25-2008 9	0131 01	6 ***150	.00	
Principal Place of Business			М	ailing Address		. <u></u>						
5545 SW 8TH ST STE 210		_	5545 SW 8TH ST STE 210		?	· · .	200					
MIAMI, FL 33134			11AMI, FL 33134				 	IIFI IZBI FEIK FEIII GE	III Carie e m e r ii	ICCO MICI CINO I		
2. Principal Place of Business - No P.O. Box #		3.	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03112008	Chg-P	CR2E)34 (12/06)			
City & State			City & State				4. FEI Number 65-11147	724			pplied For ot Applicable	
Zìp	Zip Country			Zip Coun		ntry	5. Certificate of Status Desired			¢9.75 *********		
6. Name and Address of Current Registered Agent					<u> </u>		!		ddress of New R	Registered		
CAMEJO.	LUIS -					Name Symo	ns,	. Mirayd	la			
4898 NW 7TH ST.					Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL	33126					1662	1 5	SW 75 ST	I			149
					CMiam	i,	<u></u>	22.5	FL	Zip Sq	¹ 9 3'	
8. The above	named entit	ly submits this stateme	nt for the p	ourpose of changing its	s register	ed office or re	gister	ed agent, or both,	in the State of Flo	orida. I am	familiar with	, and accept
e de Joan	•	•	40 N.S	>		11/	4			4/2	2/08	
SIGNATURE	Signature, typed	YDA SYA d or printed name of registered of	agent and title	if applicable. (NO)	E: Registere	ed Agent eignature re	required	when reinstating)		DATE		• .50
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FIL After M	E NOWIII ay 1, 200	FEE IS \$150.00	50.00	9. Election Campa Trust Fund Con	tribution.	ncing	\$5.	00 May Be ed to Fees	HANGES TO OFF	DATE		S IN 11
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

422/08

305-261-8930

Daytime Phone #